



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF NURSING

TELEPHONE: (302) 744-4500
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@delaware.gov

NURSING SCHOOL REFERENCE FORM

APPLICATION ID: _____

INSTRUCTIONS - Complete this form when applying for nursing licensure by examination.

AUTHORIZATION FOR RELEASE OF INFORMATION

As an applicant for Nursing licensure in the State of Delaware, I hereby authorize release of reference information about my Nursing education at the institution named below.

APPLICANT SIGNATURE: _____ Date: _____

APPLICANT INFORMATION – *To be completed by applicant*

- Type of Application: RN LPN APRN
- Applicant Name: _____
Last First Middle
- Address: _____
Street City State Zip
- Social Security Number: _____
- Phone: _____ Email: _____
- School Name: _____
- School Address _____
Street City State Zip

REFERENCE – *To be completed by the Nursing School*

- Name of School _____
- Applicant's Graduation Date (mm/dd/yy): _____ Degree Awarded: _____
- Which program did the applicant complete? RN Program LPN Program
 - RN Program: Did the program provide *at least 400* hours of clinical experience? Yes No
 - LPN Program: Did the program provide *at least 200* hours of clinical experience? Yes No
- Printed Name of School Representative: _____
- Title of School Representative: _____
- Signature of School Representative: _____
- Phone: _____ Email: _____

The Board Office will accept only forms it receives directly from the school. The Nursing School can email this form to: customerservice.dpr@delaware.gov. Faxed forms are not accepted.